MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-039833

STATE FILE NUMBER

Registration District No. 29y   Primary Registration District No. 3056   Registrar's No. 256

FILED OCT 3 0 1962

1. PLACE OF DEATH

a. COUNTY: Randolph

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Moberly

Length of stay in 1b: 2 hours

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Community Hospital

Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Mo.

b. COUNTY: Randolph

c. CITY OR TOWN: Clark

Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location): Rte 2

Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First / Middle / Last: Howard Dougles Weekley

4. DATE OF DEATH — Month, Day, Year: October, 9, 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9/4/1894

9. AGE (last birthday): 68

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (City and state or country): Iowa

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Lewis O. Weekly

13b. MOTHER'S MAIDEN NAME: Martha Smith

14. NAME OF HUSBAND OR WIFE: Rachel Weekly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes   War # 1

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Rachel Weekly, Clark, Mo.   Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Occulsion	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days? ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY — Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 10-9-62 to 10-9-62 and last saw her/him alive on 10-9-62

Death occurred at 2:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): [signature] D.O.

22b. ADDRESS: Moberly Mo.

22c. DATE SIGNED: 10/11/6

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Oct. 11, '62

23c. NAME OF CEMETERY OR CREMATORY: Lake Charles Memorial

23d. LOCATION (City, town, or county): St. Louis County, Mo. (State)

24. FUNERAL DIRECTOR / ADDRESS: Richard A. Norton, Centralia, Mo.

25. DATE RECD. BY LOCAL REG.: 10-11-62

26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed_____ P. M. Cater _____
    Signature of Student Embalmer

Licensed Embalmer No. K117

P. O. Address Moberly Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
    If embalmed by a STUDENT, he also shall sign in his OWN handwriting:
    If this body is not embalmed, fact should be so stated above.